SEP 0 7 2004

PATENT

Attorney Docket No. RBP-31784-B

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

**Applicants** 

Hanneman, Jr., et al.

Serial No.

10/783,728

Filing Date

February 20, 2004

For

Method of Delivering a Fountain Solution

Group Art Unit:

Not assigned

Examiner

Not assigned

Confirmation No.:

6605

### CERTIFICATION UNDER 37 CFR 1.8(a) and 1.10

I hereby certify that, on the date shown below, this correspondence is being transmitted to Fax

No. 703-872-9306 addressed to the US Patent and Frademark Office.

Commissioner for Patents

P.O. Box 1450

Arlington, VA 22313-1450

#### PRELIMINARY AMENDMENT

Sir:

Prior to substantive examination, Applicant requests entry of this Preliminary Amendment.

Amendments to the Claims are reflected in the listing of the claims, which begins on page 2 of this paper.

Remarks begin on page 9 of this paper.

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43.00 DA

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1 of 9

# PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

10783728

|  |  | . Effé                             | clive Octo                                       |                                      | - 1                 |                  | •       | · · ·                                   |                        |         |                     |                          |  |
|--|--|------------------------------------|--|--------------------------------------|---------------------|------------------|---------|---|------------------------|---------|---------------------|--------------------------|--|
| CLAIMS AS FILED - PART I (Column 1) (Column 2) |  |                                    |  |                                      |                     |                  |         | SMALL E                                 | NTITY                  | OR      | OTHER               | THAN<br>ENTITY           |  |
|  | OTAL CLAIM   | 24                                 |  |                                      |                     |                  | RATE    | FEE                                     | 7                      | RATE    | FEE                 |                          |  |
| FOR  |  |                                    | <del>                                     </del> | NUMBER FILED                         |                     | NUMBER EXTRA     |         | BASIC FEE                               | 385.00                 | OR      | BASIC FEE           | 770.00                   |  |
| T  | OTAL CHARGE  | 14 minus 20=                       |  | •                                    | 4                   |                  | X\$ 9=  | 36                                      | OR                     | ·X\$18= |                     |                          |  |
| IN   | DEPENDĖŅT (  | 4 minus 3 =                        |  | *                                    | f                   |                  | X43=    | 43                                      | OR                     | X86=    |                     |                          |  |
| Μ  | ULTIPLE DEPE   | RESENT                             | •  |                                      |                     |                  | . +145= | ф                                       | OR                     | +290=   |                     |                          |  |
| +1   | * If the difference in column 1 is less than zero, enter "0" in column 2   |                                    |  |                                      |                     |                  |         | TOTAL                                   | 464                    | OR      | TOTAL               |                          |  |
|  | CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)   |                                    |  |                                      |                     |                  | \       | OTHER THAN SMALL ENTITY OR SMALL ENTITY |                        |         |                     |                          |  |
| AMENDMENT A                                    |  | CLAIMS REMAINING AFTER AMENDMENT   |  | HIGHI<br>NUME<br>PREVIO              | EST<br>BER<br>JUSLY | PRESENT<br>EXTRA |         | RATE                                    | ADDI-<br>TIONAL<br>FEE |         | RATE                | . ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | 1.32                               | Minus  | "a                                   | 4                   | - 8              |         | X\$ 9=                                  | \$720                  | OR      | X\$18=              | 1                        |  |
| AME  | Independent  | 1. 5                               | Minus  | -4                                   | <del></del>         |                  | 1 [     | X43=                                    | 1438                   | OR      | X86=                |                          |  |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |                                    |  |                                      |                     |                  |         | +145=                                   |                        | OR      | +290=               |                          |  |
|  |  |                                    |  |                                      |                     |                  | _       | TOTAL<br>ODIT, FEE                      |                        | OR      | TOTAL<br>ADDIT. FEE | <u> </u>                 |  |
|  |  | <u> </u>                           |  |                                      |                     |                  |         |   |                        |         |                     |                          |  |
| AMENDMENT B                                    |  | CLAIMS REMAINING AFTER AMENDMENT   |  | HIGHE<br>NUMB<br>PREVIO<br>PAID F    | IER<br>USLY.        | PRESENT<br>EXTRA |         | RATE                                    | ADDI-<br>TIONAL<br>FEE |         | RATE                | ADDI-<br>TIONAL<br>FEE   |  |
|  | Total  | •                                  | Minus  | **                                   |                     | Ξ                |         | X\$ 9=                                  |                        | OR      | X\$18=              |                          |  |
|  | Independent  | *                                  | Minus  | ENDENT.                              | CI AIAI             | =                | 1 [     | X43=                                    |                        | OR      | X86=                |                          |  |
| لـــــا  | FIRST PHESE  | NTATION OF MU                      | JETIPLE DEF                                      | ENDENT                               | CLAIM               |                  | 1       | +145=                                   |                        | OR      | +290=               |                          |  |
|  |  |                                    |  |                                      |                     |                  | A.      | TOTAL<br>DDIT. FEE                      |                        | OR ,    | TOTAL<br>ADOIT, FEE |                          |  |
|  |  | (Column 1)                         |  | (Colum                               |                     | (Column 3)       | 1       | ·                                       |                        | _       |                     |                          |  |
| ENTC   |  | · CLAIMS REMAINING AFTER AMENDMENT | •  | HIGHE<br>NUMBI<br>PREVIOL<br>PAID FI | ER<br>JSLY          | PRESENT<br>EXTRA |         |   | ADDI-<br>TIONAL<br>FEE |         | RATE                | ADDI-<br>TIONAL<br>FEE   |  |
| 9  | Total .  | *                                  | Minus  | **                                   |                     | =                |         | X\$ 9=                                  |                        | OR      | X\$18=              |                          |  |
| <.L  | Independent  |                                    | Minus  | ***                                  |                     | =                |         | X43=                                    |                        | OR      | X86=                |                          |  |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |                                    |  |                                      |                     |                  |         |   |                        | OR      | +290=               |                          |  |
| • 11   | If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  |                                    |  |                                      |                     |                  |         |   |                        | L       | TOTAL               |                          |  |
| ****   | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20, ADDIT. FEE  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                                    |  |                                      |                     |                  |         |   |                        |         |                     |                          |  |